

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 1
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) THE CONSERVATIVE STRIKEFORCE		FEC IDENTIFICATION NUMBER ▼ C C00457291	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-around;"> <div><small>M M M</small> / <small>D D D</small> / <small>Y Y Y Y Y Y</small> 06 / 05 / 2014</div> </div>	

Full Name of Payee ACTIVE ENGAGEMENT LLC		Date of Public Distribution/Dissemination <div><small>M M M</small> / <small>D D D</small> / <small>Y Y Y Y Y Y</small> 06 / 05 / 2014</div>	
Mailing Address 44084 RIVERSIDE PKWY SUITE 350		Amount <div><small>M M M M M M</small> 1100.00</div>	
City LANSDOWNE	State VA	Zip Code 20176	Transaction ID : SE.82003
Purpose of Expenditure VOTER CONTACT eMAILS		Category/ Type 004	Date of Disbursement or Obligation <div><small>M M M</small> / <small>D D D</small> / <small>Y Y Y Y Y Y</small> 06 / 10 / 2014</div>
Name of Federal Candidate CHRISTOPHER BRIAN MCDANIEL		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS
Calendar Year-To-Date Per Election for Office Sought <div><small>M M M M M M</small> 1100.00</div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff	

Full Name of Payee		Date of Public Distribution/Dissemination <div><small>M M M</small> / <small>D D D</small> / <small>Y Y Y Y Y Y</small></div>	
Mailing Address		Amount <div><small>M M M M M M</small></div>	
City	State	Zip Code	Date of Disbursement or Obligation <div><small>M M M</small> / <small>D D D</small> / <small>Y Y Y Y Y Y</small></div>
Purpose of Expenditure		Category/ Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <div><small>M M M M M M</small></div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div><small>M M M M M M</small> 1100.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div><small>M M M M M M</small></div>
(c) TOTAL Independent Expenditures..... ▶	<div><small>M M M M M M</small> 1100.00</div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
09 / 02 / 2015

Signature